

HIV ANTIBODY TESTING ACKNOWLEDGMENT FORM

For use of this form, see USMEPCOM Reg 40-8

FOR OFFICIAL USE ONLY

1. I acknowledge I have been informed by verbal briefing and this document that all statements apply to my medical processing.
2. Medical examinations include blood tests for the presence of antibodies to the Human Immunodeficiency Virus (HIV).
3. This virus causes Acquired Immune Deficiency Syndrome (AIDS).
4. This is not a test for AIDS. Positive tests mean persons have contracted the virus and built antibodies in their blood. Positive tests do not mean the persons have AIDS.
5. HIV tests are conducted by serum testing at contract laboratories.
6. Negative tests mean there are no detectable antibodies, but do not guarantee against future positive tests.
7. Positive tests are rechecked by different laboratory tests to confirm results.
8. Confirmed positive HIV tests are permanently disqualifying for entry into the Armed Forces.
9. MEPS physician will tell me personally if my test is positive and offer a second test to double check the accuracy of the first test.
10. MEPS physician will also tell parents or legal guardians if my test is positive and I am a minor.
11. MEPS commander will notify my chain of command of all test results if I am a member of the Armed Forces.
12. All tests results are recorded on my medical examination and in MEPS computer records. MEPS will not remove either positive or negative results from computer records or medical forms, regardless of circumstances.
13. As part of my processing, I must give a current, correct address for notification.
14. Some states require by-name reporting of positive HIV results by the MEPS' higher headquarters. Those states are Alabama, Arizona, Colorado, Florida, Idaho, Illinois, Indiana, Minnesota, Nevada, Oklahoma, South Carolina, Tennessee, Virginia, West Virginia, and Wisconsin.
15. If a needlestick (or needlestick injury) occurs while my blood is being drawn, I understand that I will be required to provide a second blood specimen to continue processing.
16. My signature in this block indicates that I understand the HIV testing requirement, consequences of positive results, and use of all results.

Print first, middle, and last name

Social security number

Signature

Date